

PERMIT # _____ FEE _____ DATE RECEIVED _____ CHECK# _____



Town of Granby
Board of Health
215B West State Street
Granby, MA 01033
413-467-7174
413-467-3101 Fax
boh@granbyma.org

Application for Permit to Sell Tobacco Products

Date: _____ Fee: \$ 25.00 _____

Business Name: _____

Business Address: _____

Business Telephone: _____

Owner Name: _____

Manager: _____

Types of tobacco sold (circle all that apply)

Cigarettes
Chewing Tobacco
Pipe Tobacco
Snuff
Cigars

For Health Department Use Only:

Permit Approved: _____ **Dissapproved:** _____

Reason: _____

Board of Health Signature: _____

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Please read the following statements and sign your name in acknowledgment of these conditions which allow you to sell cigarettes and other tobacco products.

I, _____, certify that the signs posted in this store Conform to Massachusetts General Law Chapter 270, Section 6. I understand that Removal of these signs can result in revocation of this permit to sell tobacco.

I understand that if I sell the above establishment, that the buyer will be unable to receive a tobacco sales permit unless any outstanding fines have been paid and all suspensions have been completed.

I have read the Massachusetts General Law Chapter 270 Sections 6 & 7 that states, the sale of tobacco products to persons under 18 is illegal and punishable by fines of up to \$300.00. Any store selling tobacco products must post a copy of MGL Chapter 270 Section 6 & 7.

I understand that it is illegal to sell tobacco in any form to individuals under 18 years of age, and that there are no exceptions.

I will obtain photographic proof of age from all customers under the age of 27 years.

I understand that compliance checks are done periodically to ensure that I am not selling tobacco products to underage youth.

Note that the license is subject to the Board of Health approval.
Inspections will be conducted twice annually (once if business is seasonal).

If additional inspections are needed due to health code violation \$100.0 will be charged.

Owners Signature: _____ Date: _____
FID #: _____